

Fill in this information to identify your case and this filing:

Debtor 1	IRA	CHARLES	GAMBLE, II
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	CRYSTAL	LASHAWN	GAMBLE
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS			
Case number (if known)	16-36498-H1-13		

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1.

3823 Teal Maple Ct

Street address, if available, or other description

Fresno TX 77545
City State ZIP Code

Fort Bend
County

**Lot 20, Block 1, Estates of Teal Run,
Section 6
Deed dated: July 2006**

What is the property?

Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property?

Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another _____

Other information you wish to add about this item, such as local
property identification number: **2935060010200907**

Do not deduct secured claims or exemptions. Put the
amount of any secured claims on *Schedule D:
Creditors Who Have Claims Secured by Property*.

Current value of the
entire property?**\$180,000.00**Current value of the
portion you own?**\$180,000.00**

Describe the nature of your ownership
interest (such as fee simple, tenancy by the
entireties, or a life estate), if known.

Fee Simple

☒ Check if this is community property
(see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....**\$180,000.00****Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

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3.1.		Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make:	<u>Mercedes Benz</u>	Check one.	Current value of the entire property?	Current value of the portion you own?
Model:	<u>E350</u>	<input type="checkbox"/> Debtor 1 only		
Year:	<u>2012</u>	<input checked="" type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>43,000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:		<input type="checkbox"/> At least one of the debtors and another	<u>\$20,000.00</u>	<u>\$20,000.00</u>
	2012 Mercedes Benz E350	<input checked="" type="checkbox"/> Check if this is community property (see instructions)		
3.2.		Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make:	<u>Chrysler</u>	Check one.	Current value of the entire property?	Current value of the portion you own?
Model:	<u>300</u>	<input type="checkbox"/> Debtor 1 only		
Year:	<u>2006</u>	<input checked="" type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>140,000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:		<input type="checkbox"/> At least one of the debtors and another	<u>\$4,000.00</u>	<u>\$4,000.00</u>
	2006 Chrysler 300	<input checked="" type="checkbox"/> Check if this is community property (see instructions)		
3.3.		Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make:	<u>Nissan</u>	Check one.	Current value of the entire property?	Current value of the portion you own?
Model:	<u>Armada</u>	<input checked="" type="checkbox"/> Debtor 1 only		
Year:	<u>2006</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>130,000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:		<input type="checkbox"/> At least one of the debtors and another	<u>\$5,000.00</u>	<u>\$5,000.00</u>
	2006 Nissan Armada	<input checked="" type="checkbox"/> Check if this is community property (see instructions)		
3.4.		Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make:	<u>Yamaha</u>	Check one.	Current value of the entire property?	Current value of the portion you own?
Model:	<u>V-Star</u>	<input checked="" type="checkbox"/> Debtor 1 only		
Year:	<u>2012</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>8,500</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:		<input type="checkbox"/> At least one of the debtors and another	<u>\$5,000.00</u>	<u>\$5,000.00</u>
	2012 Yamaha V-Star Motorcycle	<input checked="" type="checkbox"/> Check if this is community property (see instructions)		
3.5.		Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make:	<u>Ford</u>	Check one.	Current value of the entire property?	Current value of the portion you own?
Model:	<u>Freestar</u>	<input checked="" type="checkbox"/> Debtor 1 only		
Year:	<u>2004</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>160,000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:		<input type="checkbox"/> At least one of the debtors and another	<u>\$1,000.00</u>	<u>\$1,000.00</u>
	2004 Ford Freestar Van	<input checked="" type="checkbox"/> Check if this is community property (see instructions)		
3.6.		Who has an interest in the property?	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Make:	<u>Chevrolet</u>	Check one.	Current value of the entire property?	Current value of the portion you own?
Model:	<u>Express</u>	<input checked="" type="checkbox"/> Debtor 1 only		
Year:	<u>2007</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>9,000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:		<input type="checkbox"/> At least one of the debtors and another	<u>\$9,000.00</u>	<u>\$9,000.00</u>
	2007 Chevrolet Express	<input checked="" type="checkbox"/> Check if this is community property (see instructions)		

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4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....



\$44,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe..... **See continuation page(s).**

\$4,315.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe..... **See continuation page(s).**

\$925.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☐ No
☒ Yes. Describe..... **See continuation page(s).**

\$110.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☐ No
☒ Yes. Describe..... **Treadmill \$75.00**
Weights \$75.00
3 Bikes \$30.00

\$180.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe..... **See continuation page(s).**

\$970.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- ☐ No
☒ Yes. Describe..... **See continuation page(s).**

\$220.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

- ☒ No
☐ Yes. Describe.....

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14. Any other personal and household items you did not already list, including any health aids you did not list

- ☐ No
☒ Yes. Give specific information..... **See continuation page(s).**

\$220.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....

\$6,940.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☐ No
☒ Yes..... Cash: **\$40.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
☒ Yes..... Institution name:
- | | | |
|-------------------------|---|-------------------|
| 17.1. Checking account: | Smart Financial Credit Union #4930 | \$15.01 |
| 17.2. Checking account: | Wells Fargo Bank #2994 | \$8,972.90 |
| 17.3. Savings account: | Smart Financial Credit Union #4940 | \$10.17 |
| 17.4. Savings account: | Wells Fargo Bank #8908 | \$0.00 |

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No
☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☒ No
☐ Yes. Give specific information about them..... Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them..... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No
☒ Yes. List each account separately. Type of account: Institution name:

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401(k) or similar plan: **Boise Cascade Company 401(k) Plan** **\$4,000.00**

IRA: **Wells Fargo IRA (open but unfunded)** **\$0.00**

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
☐ Yes..... Institution name or individual:

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them _____

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: _____

State: _____

Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

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30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

☒ Yes. Give specific information **Current wages**

\$1,641.20

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

Lincoln Benefit Life Company

Crystal Gamble

\$0.00

Lincoln Benefit Life Company

Ira Gamble

\$0.00

Employer paid life insurance

Crystal Gamble

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

☒ No

☐ Yes. Give specific information

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$14,679.28

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☐ No. Go to Part 6.

☒ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

☐ No

☒ Yes. Describe.. **Unpaid child care fees for KidCare Learning Academy**

\$1,100.00

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39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☒ Yes. Describe.. **2 Office computers \$250.00** **\$2,295.00**
Office desk \$75.00
Office chair \$50.00
Office printer \$100.00
8 Playpens \$60.00
29 Cots \$200.00
9 Highchairs \$90.00
3 Infant chair/bouncers \$15.00
3 Walkers \$20.00
6 Classroom tables \$300.00
5 Cafeteria serving tables \$50.00
65 Children chairs \$100.00
Television \$20.00
2 Radio/cd players \$40.00
8 Shelves \$60.00
3 Drawers \$15.00
Refrigerator \$200.00
Microwave \$50.00
5 Kitchen storage and shelves \$400.00
Kitchen serving island \$100.00
Children's toys \$100.00

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No

☐ Yes. Describe.. _____

41. Inventory

☒ No

☐ Yes. Describe.. _____

42. Interests in partnerships or joint ventures

☒ No

☐ Yes. Describe..... Name of entity: _____ % of ownership: _____

43. Customer lists, mailing lists, or other compilations

☒ No

☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe..... _____

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....



\$3,395.00

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Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

**Current value of the
portion you own?**
 Do not deduct secured
claims or exemptions.

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes....

48. **Crops--either growing or harvested**

- ☒ No
☐ Yes. Give specific
information.....

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No
☐ Yes....

50. **Farm and fishing supplies, chemicals, and feed**

- ☒ No
☐ Yes....

51. **Any farm- and commercial fishing-related property you did not already list**

- ☒ No
☐ Yes. Give specific
information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00

Debtor 1 **IRA CHARLES GAMBLE, II**
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Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2.....	→	<u>\$180,000.00</u>
56. Part 2: Total vehicles, line 5	<u>\$44,000.00</u>	
57. Part 3: Total personal and household items, line 15	<u>\$6,940.00</u>	
58. Part 4: Total financial assets, line 36	<u>\$14,679.28</u>	
59. Part 5: Total business-related property, line 45	<u>\$3,395.00</u>	
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61. Part 7: Total other property not listed, line 54	<u>+\$0.00</u>	
62. Total personal property. Add lines 56 through 61.....	<u>\$69,014.28</u>	Copy personal property total → <u>+\$69,014.28</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62.....		<u>\$249,014.28</u>

Debtor 1 **IRA CHARLES GAMBLE, II**
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6. Household goods and furnishings (details):

2 Sofas	\$100.00
2 Love Seats	\$100.00
Recliner	\$50.00
2 Arm Chairs	\$120.00
2 Lamps	\$20.00
Desk	\$25.00
Dining Table	\$150.00
6 Dining Chairs	\$125.00
Kitchen Table	\$150.00
8 Chairs	\$125.00
3 Beds	\$450.00
3 Dressers	\$200.00
3 Chest Drawers	\$150.00
3 Night Stands	\$75.00
6 Trash Cans	\$5.00
4 Outdoor Chairs and Table	\$125.00
Sheets	\$10.00
Blankets	\$50.00
Pillows	\$20.00
Towels/Cloths	\$25.00
Curtains	\$100.00
Aprons	\$50.00
Tablecloths/Runners	\$10.00
Napkins	\$5.00
Chair Covers	\$5.00
Bags	\$5.00
Refrigerator	\$1,500.00
Stove	\$75.00
Microwave Oven	\$100.00
Kitchen Appliances	\$50.00
Washing Machine	\$60.00
Dryer	\$75.00
Vacuum Cleaner	\$25.00

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Dishware	\$70.00
Glassware	\$50.00
Silverware	\$10.00
Pots & Pans	\$50.00
7. Electronics (details):	
Panasonic 60" TV \$50.00	\$250.00
Emerson 32" TV \$75.00	
JVC 60" TV \$75.00	
Haier 32" TV \$50.00	
AOC Computer \$150.00	\$225.00
HP Printer \$75.00	
Samsung Cell Phone \$75.00	\$200.00
iPhone \$125.00	
Canon Camera	\$250.00
8. Collectibles of value (details):	
5 Paintings	\$60.00
35 Books	\$25.00
41 Pictures	\$25.00
11. Clothes (details):	
Men's Clothing	\$100.00
Coats	\$75.00
Designer Wear	\$75.00
Shoes	\$50.00
Accessories	\$70.00
Women's Clothing	\$100.00
Furs	\$100.00
Coats	\$100.00
Designer Wear	\$100.00
Shoes	\$100.00
Accessories	\$100.00
12. Jewelry (details):	
Men's Wedding Ring	\$20.00
Woman's Wedding Ring	\$200.00
14. Any other personal and household items you did not already list (details):	
Household Tools	\$20.00
Keyboard	\$50.00
Drums	\$50.00

Debtor 1 **IRA CHARLES GAMBLE, II**
Debtor 2 **CRYSTAL LASHAWN GAMBLE**

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Holiday Decorations

\$100.00

Fill in this information to identify your case:

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	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	CRYSTAL	LASHAWN	GAMBLE
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS			
Case number (if known)	16-36498-H1-13		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: Lot 20, Block 1, Estates of Teal Run, Section 6 Deed dated: July 2006 Parcel: 2935060010200907 Line from <i>Schedule A/B</i> : <u>1.1</u>	<u>\$180,000.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
Brief description: 2012 Mercedes Benz E350 (approx. 43000 miles) 2012 Mercedes Benz E350 Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$20,000.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: 2006 Chrysler 300 (approx. 140000 miles) 2006 Chrysler 300 (1st exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>3.2</u>	<u>\$4,000.00</u>	<input checked="" type="checkbox"/> <u>\$3,775.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Brief description: 2006 Chrysler 300 (approx. 140000 miles) 2006 Chrysler 300 (2nd exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>3.2</u>	<u>\$4,000.00</u>	<input checked="" type="checkbox"/> <u>\$225.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: 2006 Nissan Armada (approx. 130000 miles) Line from <i>Schedule A/B</i> : <u>3.3</u>	<u>\$5,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,797.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Brief description: 2012 Yamaha V-Star (approx. 8500 miles) 2012 Yamaha V-Star Motorcycle Line from <i>Schedule A/B</i> : <u>3.4</u>	<u>\$5,000.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: 2004 Ford Freestar (approx. 160000 miles) 2004 Ford Freestar Van Line from <i>Schedule A/B</i> : <u>3.5</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: 2007 Chevrolet Express (approx. 9000 miles) 2007 Chevrolet Express Line from <i>Schedule A/B</i> : <u>3.6</u>	<u>\$9,000.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: 2 Sofas Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 2 Love Seats Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Recliner Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **IRA CHARLES GAMBLE, II**
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Case number (if known) **16-36498-H1-13**

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: 2 Arm Chairs Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$120.00</u>	<input checked="" type="checkbox"/> <u>\$120.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 2 Lamps Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Desk Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Dining Table Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 6 Dining Chairs Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$125.00</u>	<input checked="" type="checkbox"/> <u>\$125.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Kitchen Table Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 8 Chairs Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$125.00</u>	<input checked="" type="checkbox"/> <u>\$125.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 3 Beds Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$450.00</u>	<input checked="" type="checkbox"/> <u>\$450.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 3 Dressers Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: 3 Chest Drawers Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 3 Night Stands Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 6 Trash Cans Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 4 Outdoor Chairs and Table Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$125.00</u>	<input checked="" type="checkbox"/> <u>\$125.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Sheets Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Blankets Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Pillows Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Towels/Cloths Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Curtains Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **IRA CHARLES GAMBLE, II**
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Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property **Current value of the portion you own** **Amount of the exemption you claim** **Specific laws that allow exemption**

Copy the value from Schedule A/B Check only one box for each exemption

Brief description:
Aprons
Line from Schedule A/B: 6

\$50.00 ☒ \$50.00 **11 U.S.C. § 522(d)(3)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Tablecloths/Runners
Line from Schedule A/B: 6

\$10.00 ☒ \$10.00 **11 U.S.C. § 522(d)(3)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Napkins
Line from Schedule A/B: 6

\$5.00 ☒ \$5.00 **11 U.S.C. § 522(d)(3)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Chair Covers
Line from Schedule A/B: 6

\$5.00 ☒ \$5.00 **11 U.S.C. § 522(d)(3)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Bags
Line from Schedule A/B: 6

\$5.00 ☒ \$5.00 **11 U.S.C. § 522(d)(3)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Refrigerator
Line from Schedule A/B: 6

\$1,500.00 ☒ \$1,500.00 **11 U.S.C. § 522(d)(3)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Stove
Line from Schedule A/B: 6

\$75.00 ☒ \$75.00 **11 U.S.C. § 522(d)(3)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Microwave Oven
Line from Schedule A/B: 6

\$100.00 ☒ \$100.00 **11 U.S.C. § 522(d)(3)**
☐ 100% of fair market value, up to any applicable statutory limit

Brief description:
Kitchen Appliances
Line from Schedule A/B: 6

\$50.00 ☒ \$50.00 **11 U.S.C. § 522(d)(3)**
☐ 100% of fair market value, up to any applicable statutory limit

Debtor 1 **IRA CHARLES GAMBLE, II**
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Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: Washing Machine Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$60.00</u>	<input checked="" type="checkbox"/> <u>\$60.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Dryer Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Vacuum Cleaner Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Dishware Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$70.00</u>	<input checked="" type="checkbox"/> <u>\$70.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Glassware Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Silverware Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Pots & Pans Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Panasonic 60" TV \$50.00 Emerson 32" TV \$75.00 JVC 60" TV \$75.00 Haier 32" TV \$50.00 Line from <i>Schedule A/B</i> : <u>7</u>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: AOC Computer \$150.00 HP Printer \$75.00 Line from <i>Schedule A/B</i> : <u>7</u>	<u>\$225.00</u>	<input checked="" type="checkbox"/> <u>\$225.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **IRA CHARLES GAMBLE, II**
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Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: Samsung Cell Phone \$75.00 iPhone \$125.00 Line from <i>Schedule A/B</i> : <u>7</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Canon Camera Line from <i>Schedule A/B</i> : <u>7</u>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 5 Paintings Line from <i>Schedule A/B</i> : <u>8</u>	<u>\$60.00</u>	<input checked="" type="checkbox"/> <u>\$60.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 35 Books Line from <i>Schedule A/B</i> : <u>8</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: 41 Pictures Line from <i>Schedule A/B</i> : <u>8</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Treadmill \$75.00 Weights \$75.00 3 Bikes \$30.00 Line from <i>Schedule A/B</i> : <u>9</u>	<u>\$180.00</u>	<input checked="" type="checkbox"/> <u>\$180.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Men's Clothing Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Coats Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Designer Wear Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **IRA CHARLES GAMBLE, II**
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Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: Shoes Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Accessories Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$70.00</u>	<input checked="" type="checkbox"/> <u>\$70.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Women's Clothing Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Furs Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Coats Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Designer Wear Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Shoes Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Accessories Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Men's Wedding Ring Line from <i>Schedule A/B</i> : <u>12</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)

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Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: Woman's Wedding Ring Line from <i>Schedule A/B</i> : <u>12</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: Household Tools Line from <i>Schedule A/B</i> : <u>14</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Keyboard Line from <i>Schedule A/B</i> : <u>14</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Drums Line from <i>Schedule A/B</i> : <u>14</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Holiday Decorations Line from <i>Schedule A/B</i> : <u>14</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Cash Line from <i>Schedule A/B</i> : <u>16</u>	<u>\$40.00</u>	<input checked="" type="checkbox"/> <u>\$40.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Smart Financial Credit Union #4930 Line from <i>Schedule A/B</i> : <u>17.1</u>	<u>\$15.01</u>	<input checked="" type="checkbox"/> <u>\$15.01</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Smart Financial Credit Union #4940 Line from <i>Schedule A/B</i> : <u>17.3</u>	<u>\$10.17</u>	<input checked="" type="checkbox"/> <u>\$10.17</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Wells Fargo Bank #2994 Line from <i>Schedule A/B</i> : <u>17.2</u>	<u>\$8,972.90</u>	<input checked="" type="checkbox"/> <u>\$8,972.90</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **IRA CHARLES GAMBLE, II**
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Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Wells Fargo Bank #8908 Line from Schedule A/B: <u>17.4</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Wells Fargo IRA (open but unfunded) Line from Schedule A/B: <u>21</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)
Brief description: Boise Cascade Company 401(k) Plan Line from Schedule A/B: <u>21</u>	<u>\$4,000.00</u>	<input checked="" type="checkbox"/> <u>\$4,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)
Brief description: Current wages Line from Schedule A/B: <u>30</u>	<u>\$1,641.20</u>	<input checked="" type="checkbox"/> <u>\$1,641.20</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Lincoln Benefit Life Company Line from Schedule A/B: <u>31</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Brief description: Lincoln Benefit Life Company Line from Schedule A/B: <u>31</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Brief description: Employer paid life insurance Line from Schedule A/B: <u>31</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
Brief description: Unpaid child care fees for KidCare Learning Academy Line from Schedule A/B: <u>38</u>	<u>\$1,100.00</u>	<input checked="" type="checkbox"/> <u>\$1,100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Brief description: 2 Office computers \$250.00 Office desk \$75.00 Office chair \$50.00 Office printer \$100.00 8 Playpens \$60.00 29 Cots \$200.00 9 Highchairs \$90.00 3 Infant chair/bouncers \$15.00 3 Walkers \$20.00 6 Classroom tables \$300.00 5 Cafeteria serving tables \$50.00 65 Children chairs \$100.00 Television \$20.00 2 Radio/cd players \$40.00 8 Shelves \$60.00 3 Drawers \$15.00 Refrigerator \$200.00 Microwave \$50.00 5 Kitchen storage and shelves \$400.00 Kitchen serving island \$100.00 Children's toys \$100.00 Line from <i>Schedule A/B</i> : <u>39</u>	<u>\$2,295.00</u>	<input checked="" type="checkbox"/> <u>\$2,295.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Fill in this information to identify your case:

Debtor 1	IRA	CHARLES	GAMBLE, II
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	CRYSTAL	LASHAWN	GAMBLE
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS			
Case number (if known)	16-36498-H1-13		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
If any

2.1

American Credit Acceptance LLC

Creditor's name

961 E. Main St.

Number Street

Describe the property that secures the claim:

2012 Yamaha V-Star Motorcycle**\$8,178.37****\$5,000.00****\$3,178.37**

Spartanburg SC 29302
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred **2/2011**Last 4 digits of account number **1 0 0 1**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$8,178.37

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 1:****Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
 If any

2.2

Describe the property that secures the claim:

\$5,502.00**\$3,000.00****\$2,502.00****Conns Credit Corp****Household Goods**

Creditor's name

3295 College St

Number Street

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Beaumont TX 77701

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred **10/2015**Last 4 digits of account number **5 0 3 0**

2.3

Describe the property that secures the claim:

\$3,775.00**\$2,000.00****\$1,775.00****Conns Credit Corp****Household Goods**

Creditor's name

3295 College St

Number Street

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Beaumont TX 77701

City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred **07/2016**Last 4 digits of account number **8 6 3 3**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$9,277.00

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 1:****Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
 If any

2.4

Describe the property that secures the claim:

\$986.28**\$180,000.00****Estates of Teal Run HOA**

Creditor's name

1225 Alma Road

Number Street

Principal Residence

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Richardson TX 75081

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

5 8 1 3**3823 Teal Maple Ct****Fresno, TX 77545**

2.5

Describe the property that secures the claim:

\$3,203.00**\$5,000.00****Go Credit Financial**

Creditor's name

7465 E. Hampton Ave.

Number Street

2006 Nissan Armada

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Mesa AZ 85209

City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$4,189.28

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 1:****Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
 If any

2.6

Describe the property that secures the claim:

\$592.00**\$4,000.00****Lobel Financial Corp****2006 Chrysler 300**

Creditor's name

Po Box 3000

Number Street

Anaheim CA 92803
 City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Date debt was incurred **09/2013**Last 4 digits of account number **7 2 2 2**

2.7

Describe the property that secures the claim:

\$9,922.75**\$9,000.00****\$922.75****Lucky Star Motors****2007 Chevrolet Express**

Creditor's name

1940 Highway 6 North

Number Street

Houston TX 77077
 City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Date debt was incurred **1/2016**Last 4 digits of account number **4 1 7 4**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$10,514.75

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 1:****Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
 If any

2.8

Describe the property that secures the claim:

\$230,254.00**\$180,000.00****\$50,254.00****Nationstar Mortgage LLC**

Creditor's name

PO Box 619094

Number Street

Principal Residence

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dallas TX 75261-9741
 City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred **07/2006**Last 4 digits of account number **8 3 5 1**

2.9

Describe the property that secures the claim:

\$5,500.00**\$5,500.00****Nationstar Mortgage LLC**

Creditor's name

PO Box 619094

Number Street

Principal Residence

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dallas TX 75261-9741
 City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Arrearage claimDate debt was incurred **Various**Last 4 digits of account number **8 3 5 1**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$235,754.00

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 1:****Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
 Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
 If any

2.10

Describe the property that secures the claim:

\$45,000.00**\$180,000.00****\$45,000.00****Real Time Resolutions, Inc.****Principal Residence**

Creditor's name

PO Box 36655

Number Street

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Dallas TX 75235-1655

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred **2006**Last 4 digits of account number **6 7 6 4****3823 Teal Maple Ct****Fresno, TX 77545**

2.11

Describe the property that secures the claim:

\$29,174.71**\$20,000.00****\$9,174.71****Santander Consumer USA****2012 Mercedes Benz E350**

Creditor's name

Po Box 961245

Number Street

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Fort Worth TX 76161

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred **08/2014**Last 4 digits of account number **1 0 0 0**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$74,174.71

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$342,088.11

Fill in this information to identify your case:

Debtor 1	IRA	CHARLES	GAMBLE, II
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	CRYSTAL	LASHAWN	GAMBLE
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS			
Case number (if known)	16-36498-H1-13		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** claims and Part 2 for creditors with **NONPRIORITY** claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2.1</div> <p>Attorney General Office Priority Creditor's Name Child Support Enforcement Number Street 6161 Savoy, Ste. 320 Houston TX 77036 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Child support arrearage only. No ongoing payments required.</p>	\$400.00	\$400.00	\$0.00

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:
☒ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 1: Your PRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

	Total claim	Priority amount	Nonpriority amount
2.2	\$3,200.00	\$3,200.00	\$0.00
David L. Venable, Attorney at Law Priority Creditor's Name 12200 Northwest Freeway Number Street Suite 316 Houston TX 77092 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Attorney fees for this case			

	Total claim	Priority amount	Nonpriority amount
2.3	\$387.96	\$387.96	\$0.00
IRS/Special Procedure Branch Priority Creditor's Name PO Box 7346 Number Street Philadelphia PA 19101-7346 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number 7 2 8 8 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			

	Total claim	Priority amount	Nonpriority amount
2.4	\$1,618.95	\$1,349.20	\$269.75
Texas Workforce Commission Priority Creditor's Name 101 E. 15th St. Room 556 Number Street Austin TX 78778-0001 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number _____ When was the debt incurred? 2015-2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

\$2,299.26

4.1

Advantage Assets II, Inc.

Nonpriority Creditor's Name

7322 Southwest Freeway, Suite 1600

Number Street

Houston

City

TX

State

77074

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Judgment Debt

4.2

AT&T Services, Inc.

Nonpriority Creditor's Name

One AT&T Way, Room 3A 231

Number Street

Bedminster

City

NJ

State

07921

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 6 6 5

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Services

\$762.77

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$0.00****4.3****Biz Advance Now, LLC**

Nonpriority Creditor's Name

1 Liberty Plaza, 46th Floor

Number Street

New York

City

NY

State

10006

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred? **7/2016****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Loan

4.4**Caine & Weiner**

Nonpriority Creditor's Name

Po Box 5010

Number Street

Woodland Hills

City

CA

State

91365

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred? **05/2016****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collection Attorney

\$141.00**4.5****Capital One Bank**

Nonpriority Creditor's Name

15000 Capital One Dr

Number Street

Richmond

City

VA

State

23238

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred? **03/2016****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

\$188.00

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$1,924.03****4.6****Chase**

Nonpriority Creditor's Name

PO Box 15298

Number Street

Wilmington**DE****19850-5298**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3 2 0 0****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card**4.7****Commercial Asset Recovery**

Nonpriority Creditor's Name

14 Wall St, 20th Floor

Number Street

New York**NY****10005**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
?

\$5,000.00**4.8****Credit One Bank, N.A.**

Nonpriority Creditor's Name

Po Box 98875

Number Street

Las Vegas**NV****89193**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9 6 7 7****When was the debt incurred?** **08/2014****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card**\$525.00**

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$2,860.00****4.9****Dept Of Education/Navient**

Nonpriority Creditor's Name

PO Box 9635

Number Street

Last 4 digits of account number **2 0 4 9**When was the debt incurred? **07/2009**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Wilkes-Barre PA 18773

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$137.00**4.10****Diversified Credit Sys**

Nonpriority Creditor's Name

706 Glencrest Ln Ste A

Number Street

Last 4 digits of account number **5 4 9 1**When was the debt incurred? **06/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collection Attorney**Longview TX 75601**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$0.00**4.11****Everest Business Funding**

Nonpriority Creditor's Name

2001 NW 107th Ave, 3rd Floor

Number Street

Last 4 digits of account number

When was the debt incurred? **12/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Loan**Miami FL 33172**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$41,141.95****4.12****Fed Loan Servicing**

Nonpriority Creditor's Name

PO Box 69184

Number Street

Harrisburg PA 17106-9184

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.13**First Data**

Nonpriority Creditor's Name

265 Broad Hollow Rd

Number Street

Melville NY 11747

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.14**Fort Bend County TRA**

Nonpriority Creditor's Name

16107 Kensington Dr. #1008

Number Street

Sugar Land TX 77479

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0 0 2 6**When was the debt incurred? **08/2010****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Last 4 digits of account number **0 0 0 0**When was the debt incurred? **10/01/2016****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Lease

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Toll Fees

\$382.85

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.15****\$306,135.00****Jung H. Kwak**

Nonpriority Creditor's Name

2621 Sunfish Dr.

Number Street

Pearland TX 77584-3041

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☒ Yes

4.16**\$184.00****Medicredit**

Nonpriority Creditor's Name

Po Box 1629

Number Street

Maryland Heights MO 63043

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.17**\$0.00****Merchant Cash & Capital**

Nonpriority Creditor's Name

460 Park Avenue South, 10th Floor

Number Street

New York NY 10016

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _ _ _ _**When was the debt incurred?** 4/2014**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Breach of Lease**Last 4 digits of account number** 1 6 1 7**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services**Last 4 digits of account number** _ _ _ _**When was the debt incurred?** 9/2014**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Loan

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$3,439.83****4.18****Midland Funding, LLC**

Nonpriority Creditor's Name

16 McLeland Rd, Suite 101

Number Street

St. Cloud MN 56303

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.19**Music & Arts Centers**

Nonpriority Creditor's Name

4626 Wedgewood Blvd

Number Street

Frederick MD 21703-7159

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.20**New Era Lending LLC**

Nonpriority Creditor's Name

North Orange St. Suite 762

Number Street

Wilmington DE 19801

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1 4 7 2**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting AgencyLast 4 digits of account number **6 6 8 6**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Last 4 digits of account number _____

When was the debt incurred? **10/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Loan**\$6,102.00**

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.21****\$50.98****Pediatric Pathology Consultants**

Nonpriority Creditor's Name

PO Box 1907

Number Street

Greenville TX 75403

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.22**\$120.00****Revenue Recovery Corp**

Nonpriority Creditor's Name

Po Box 50250

Number Street

Knoxville TN 37950

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.23**\$184.91****St. Lukes Hospital**

Nonpriority Creditor's Name

PO Box 4288

Number Street

Houston TX 77210-4288

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6 4 2 2****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Last 4 digits of account number **0 6 6 4****When was the debt incurred?** **03/2015****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collection AttorneyLast 4 digits of account number **0 7 0 4****When was the debt incurred?** **5/2015****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$15,855.03****4.24****Texas Children's Hospital**

Nonpriority Creditor's Name

PO Box 4494

Number Street

Houston TX 77210

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.25**Texas Children's Physician**

Nonpriority Creditor's Name

Services Organization

Number Street

PO Box 4984**Houston TX 77210-4984**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.26**The Fundworks, LLC**

Nonpriority Creditor's Name

15260 Ventura Blvd #1430

Number Street

Sherman Oaks CA 91403

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4 8 1 4**When was the debt incurred? **Sep-Oct 2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical ServicesLast 4 digits of account number **7 0 1 9**When was the debt incurred? **10/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
?

\$12,000.00

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$950.00

4.27

Woodforest National Bank

Nonpriority Creditor's Name

PO Box 7089

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

The Woodlands TX 77387

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Bank Charges

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Asset Recovery Solutions LLC

Name

2200 E. Devon Ave Suite 200

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 5 0 2

Des Plaines

IL

60018-4501

City

State

ZIP Code

Attorney General Office

Name

PO Box 12017

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.4 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Austin

TX

78711

City

State

ZIP Code

Convergent Outsourcing, Inc.

Name

PO Box 9004

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Renton

WA

98057

City

State

ZIP Code

Credit America

Name

101 Grovers Mill Rd, Suite 303

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Lawrenceville

NJ

08648-4706

City

State

ZIP Code

Harris & Harris, Ltd.

Name

111 West Jackson Blvd., Suite 400

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 8 1 9

Chicago

IL

60604-4135

City

State

ZIP Code

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

IC Systems, Inc.

Name
PO Box 64378
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

St. Paul **MN** **55164-0378**
 City State ZIP Code

IRS/Special Procedures Dept.

Name
Attn: BK Section
 Number Street
Mail Code 5024HOU

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

1919 Smith Street

Houston **TX** **77002**
 City State ZIP Code

J. Daniel Wilson

Name
Hildebrand & Wilson LLP
 Number Street
7930 Broadway Suite 122

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Pearland **TX** **77581**
 City State ZIP Code

Michael J. Scott

Name
1120 Metrocrest Dr. Ste. 100
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Carrollton **TX** **75006**
 City State ZIP Code

Perdue Brandon Fielder Collins & Mott

Name
Attorneys at Law
 Number Street
1235 North Loop West #600

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _ _ _ _

Houston **TX** **77008**
 City State ZIP Code

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$400.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$2,006.91</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$3,200.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$5,606.91</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$44,001.95</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$358,546.77</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$402,548.72</u>

Fill in this information to identify your case:

Debtor 1	<u>IRA</u>	<u>CHARLES</u>	<u>GAMBLE, II</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>CRYSTAL</u>	<u>LASHAWN</u>	<u>GAMBLE</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u>			
Case number (if known)	<u>16-36498-H1-13</u>		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 CECO Partners

Name

PO Box 2517

Number Street

Lease of premises at

12125 Highway 6, Ste CFresno, TX 77545

Contract to be ASSUMED

Sugar Land

City

TX

State

77487

ZIP Code

Fill in this information to identify your case:

Debtor 1	IRA First Name	CHARLES Middle Name	GAMBLE, II Last Name
Debtor 2 (Spouse, if filing)	CRYSTAL First Name	LASHAWN Middle Name	GAMBLE Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS			
Case number (if known)	16-36498-H1-13		

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☒ Yes

In which community state or territory did you live? **Texas** Fill in the name and current address of that person.

CRYSTAL LASHAWN GAMBLE

Name of your spouse, former spouse, or legal equivalent

3823 Teal Maple Ct

Number Street

Fresno

City

TX

State

77545

ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.

Column 1: **Your codebtor**

Column 2: **The creditor to whom you owe the debt**

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	IRA	CHARLES	GAMBLE, II
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	CRYSTAL	LASHAWN	GAMBLE
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF TEXAS		
Case number (if known)	16-36498-H1-13		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

Occupation**Driver****Employer's name****Boise Cascade Company****Employer's address**
1111 W. Jefferson St.
 Number Street
Suite 300
Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Self-Employed**KidCare Learning Academy**
12125 Hwy 6 Ste C
 Number Street

Boise
 City

ID 83702-538
 State Zip Code

Fresno
 City

TX 77545
 State Zip Code
How long employed there? **March 2016****2012****Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$3,064.49	\$0.00
3. Estimate and list monthly overtime pay.	\$1,723.78	\$0.00
4. Calculate gross income. Add line 2 + line 3.	\$4,788.27	\$0.00

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$4,788.27	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$595.25	\$0.00
5b. Mandatory contributions for retirement plans	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	\$287.30	\$0.00
5d. Required repayments of retirement fund loans	\$0.00	\$0.00
5e. Insurance	\$455.72	\$0.00
5f. Domestic support obligations	\$0.00	\$0.00
5g. Union dues	\$0.00	\$0.00
5h. Other deductions. Specify: _____	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$1,338.27	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$3,450.00	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$0.00	\$3,654.00
8b. Interest and dividends	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$0.00	\$0.00
8d. Unemployment compensation	\$0.00	\$0.00
8e. Social Security	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Granddaughter's Social Security</u>	\$733.00	\$0.00
8g. Pension or retirement income	\$0.00	\$0.00
8h. Other monthly income. Specify: _____	\$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$733.00	\$3,654.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$4,183.00	\$3,654.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.		\$7,837.00
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		

Combined monthly income

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

8a. Attached Statement (Debtor 2)

Day Care

Gross Monthly Income: **\$25,750.00**

<u>Expense</u>	<u>Category</u>	<u>Amount</u>
Rent		\$5,533.00
Payroll		\$14,333.00
Electric		\$450.00
Phone		\$202.00
Fire Alarm		\$180.00
Bus operation		\$340.00
Website		\$60.00
Advertising		\$100.00
Credit/Debit card machine		\$100.00
Insurance		\$325.00
Office supplies		\$160.00
Postage		\$35.00
Materials and supplies		\$139.00
Travel and entertainment		\$139.00
Total Monthly Expenses		<u>\$22,096.00</u>
Net Monthly Income:		<u><u>\$3,654.00</u></u>

Fill in this information to identify your case:

Debtor 1	<u>IRA</u>	<u>CHARLES</u>	<u>GAMBLE, II</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>CRYSTAL</u>	<u>LASHAWN</u>	<u>GAMBLE</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF TEXAS</u>		
Case number (if known)	<u>16-36498-H1-13</u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Son</u>	<u>15</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Son</u>	<u>9</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Son</u>	<u>13</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Granddaughter</u>	<u>2</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence.
Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4. \$0.00
(See continuation sheet(s) for details)

4a.	
4b.	
4c.	<u>\$140.00</u>
4d.	<u>\$39.00</u>

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	_____ \$350.00
6b. Water, sewer, garbage collection	6b.	_____ \$100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	_____ \$505.00
6d. Other. Specify: <u>Alarm</u>	6d.	_____ \$60.00
7. Food and housekeeping supplies	7.	_____ \$960.00
8. Childcare and children's education costs	8.	_____ \$10.00
9. Clothing, laundry, and dry cleaning	9.	_____ \$160.00
10. Personal care products and services	10.	_____ \$70.00
11. Medical and dental expenses	11.	_____ \$290.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	_____ \$648.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	_____ \$125.00
14. Charitable contributions and religious donations	14.	_____ \$250.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____ \$100.00
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	_____ \$460.00
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Income Taxes</u>	16.	_____ \$570.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	_____
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

21. Other. Specify: _____ 21. **+** _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a.	\$4,837.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.	_____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$4,837.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$7,837.00
23b. Copy your monthly expenses from line 22c above.	23b.	-\$4,837.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$3,000.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

None.

4. The rental or home ownership expense for your residence (details):
Ongoing mortgage payments included in the Chapter 13 plan

Total: **\$0.00**

Fill in this information to identify your case:

Debtor 1	IRA	CHARLES	GAMBLE, II
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	CRYSTAL	LASHAWN	GAMBLE
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS			
Case number (if known)	16-36498-H1-13		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets**Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	\$180,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$69,014.28
1c. Copy line 63, Total of all property on Schedule A/B.....	\$249,014.28

Part 2: Summarize Your Liabilities**Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$342,088.11
---	---------------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$5,606.91
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$402,548.72

Your total liabilities**\$750,243.74****Part 3: Summarize Your Income and Expenses**4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	\$7,837.00
---	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	\$4,837.00
---	-------------------

Debtor 1 **IRA CHARLES GAMBLE, II**
 Debtor 2 **CRYSTAL LASHAWN GAMBLE**

Case number (if known) **16-36498-H1-13**

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$7,254.94

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	<u>\$400.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$2,006.91</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$44,001.95</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	<div style="border: 2px solid black; padding: 2px;"><u>\$46,408.86</u></div>

Fill in this information to identify your case:

Debtor 1	<u>IRA</u>	<u>CHARLES</u>	<u>GAMBLE, II</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>CRYSTAL</u>	<u>LASHAWN</u>	<u>GAMBLE</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u>			
Case number (if known)	<u>16-36498-H1-13</u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ IRA CHARLES GAMBLE, II
IRA CHARLES GAMBLE, II, Debtor 1

Date 01/28/2017
MM / DD / YYYY

X /s/ CRYSTAL LASHAWN GAMBLE
CRYSTAL LASHAWN GAMBLE, Debtor 2

Date 01/28/2017
MM / DD / YYYY